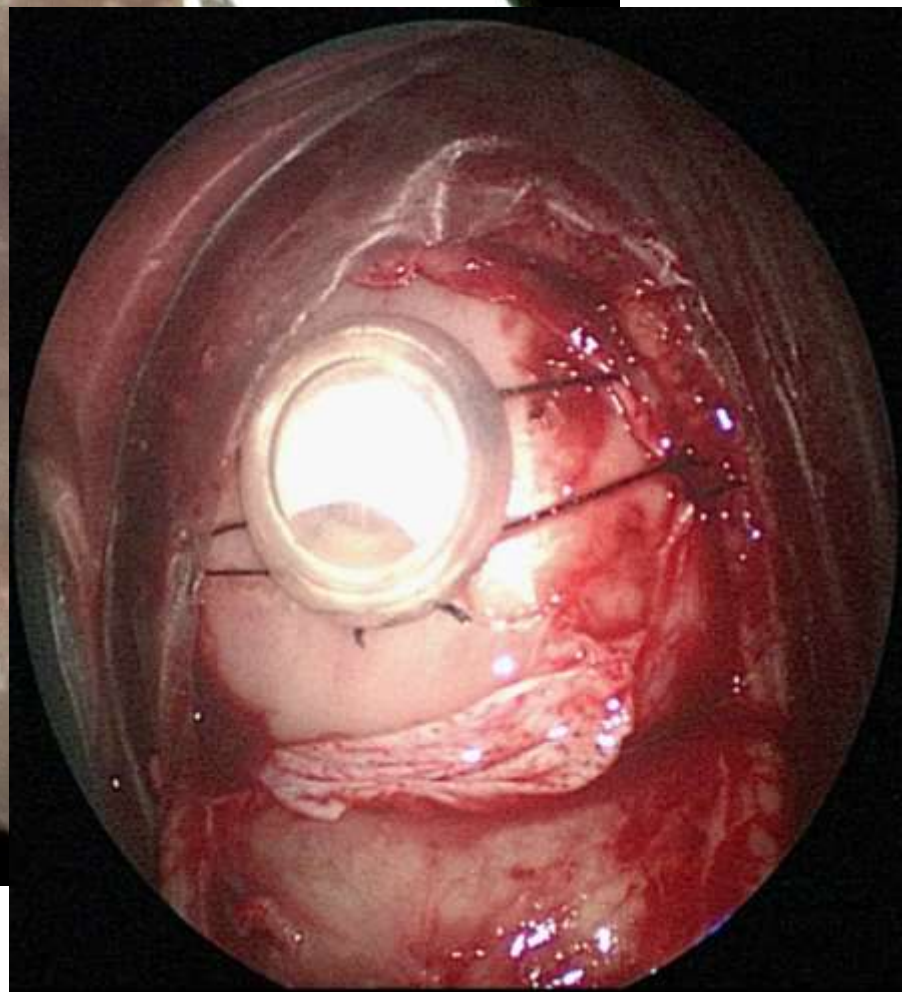
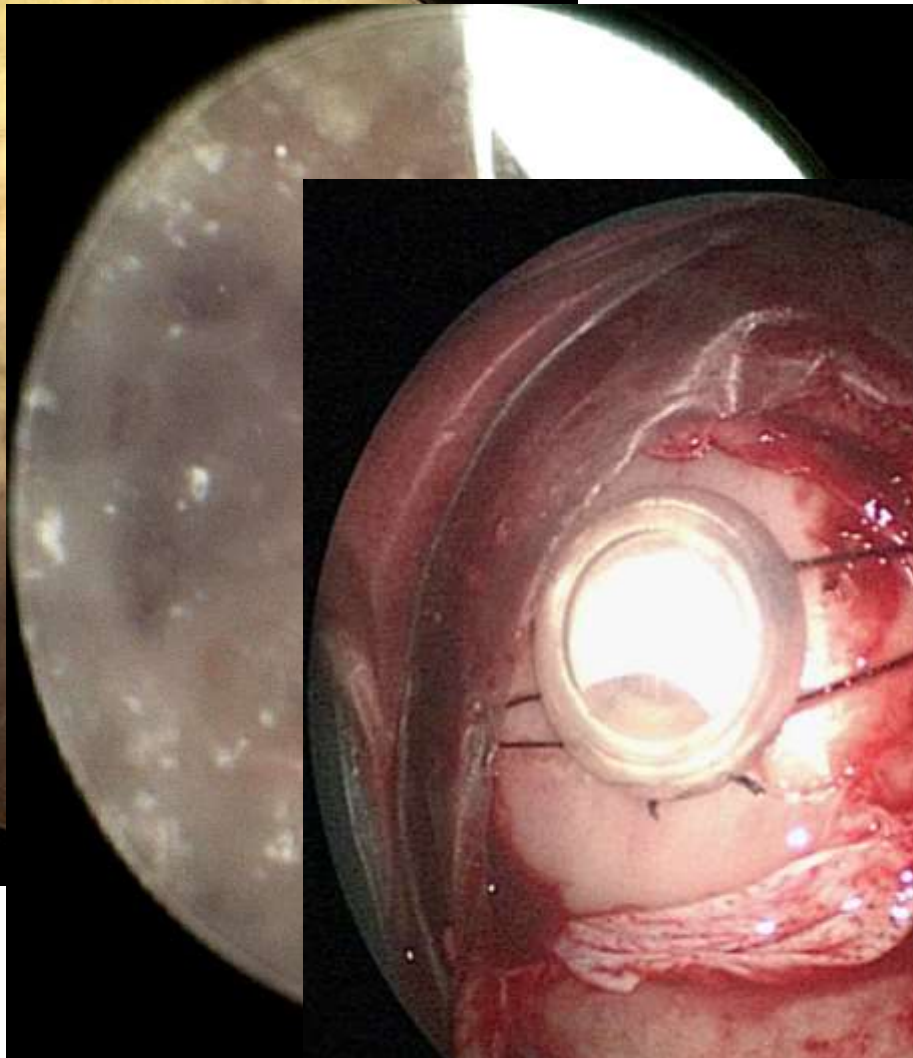
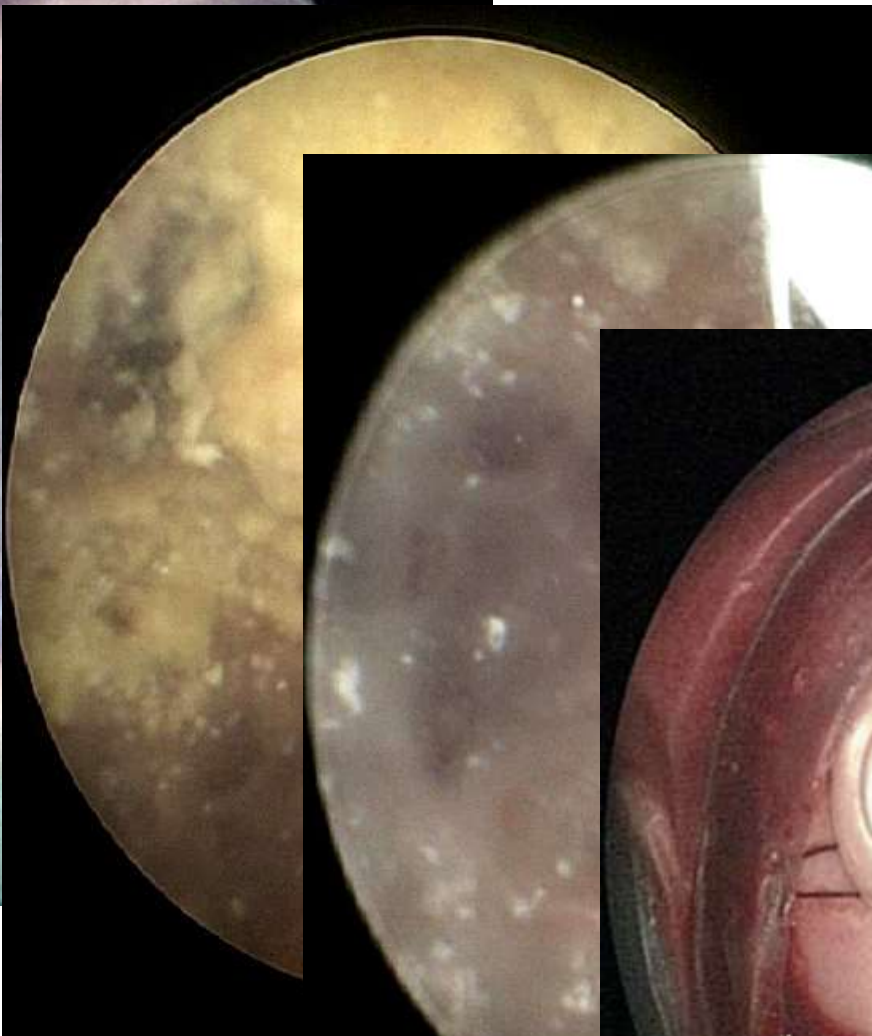
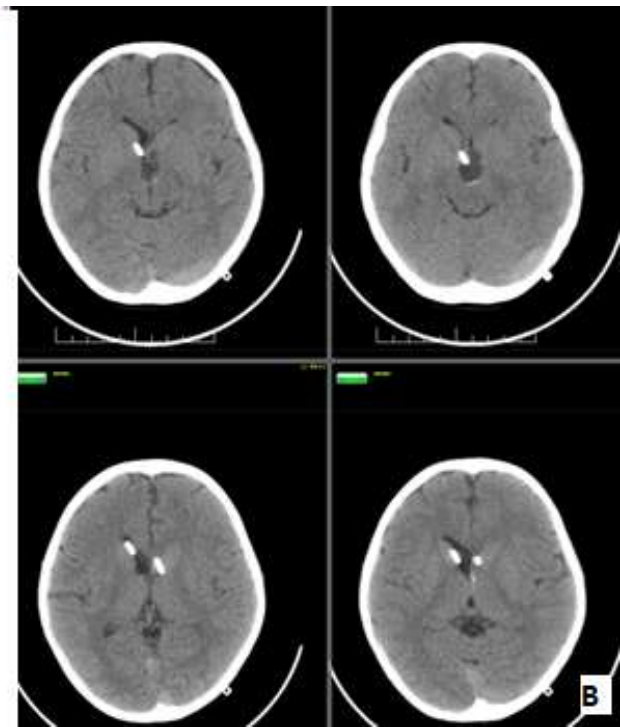
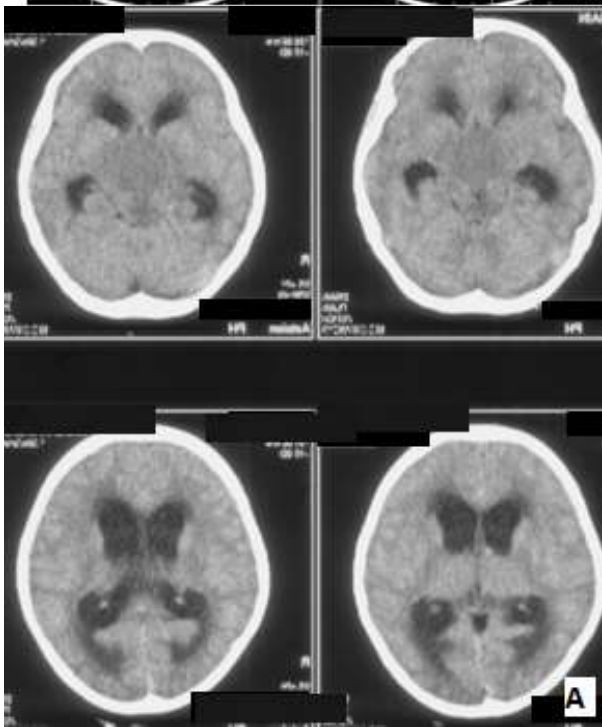
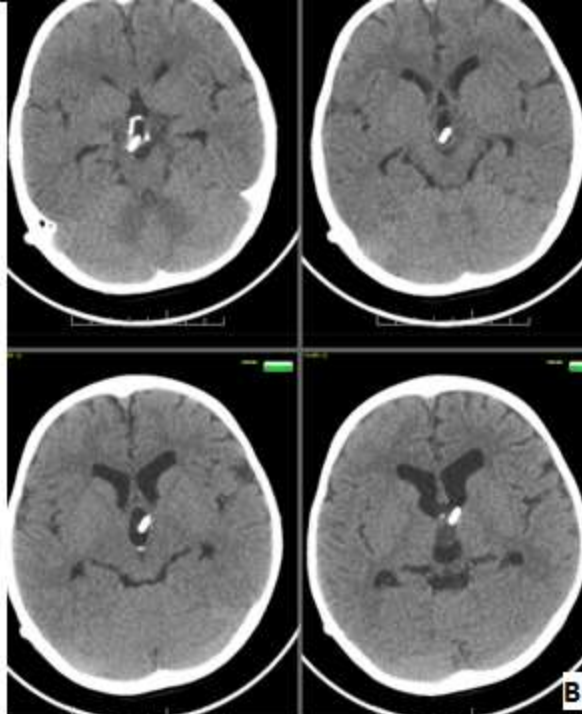
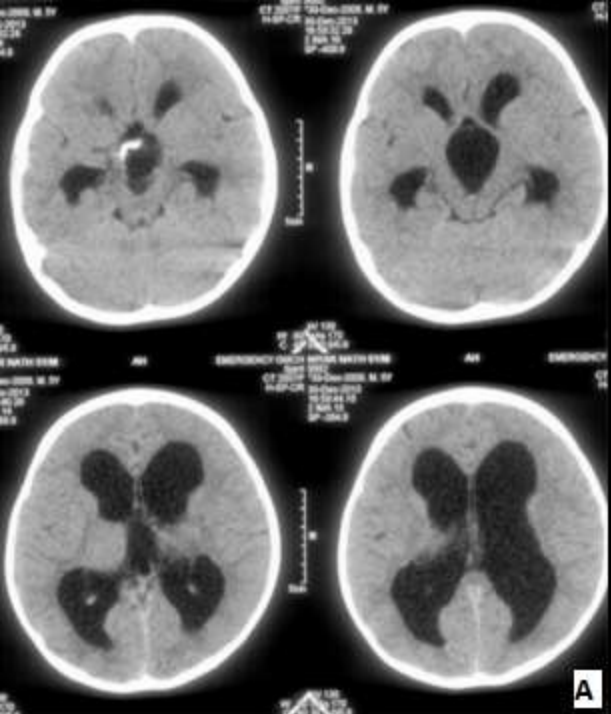
An endoscopic view of a cystic craniopharyngioma, showing a large, rounded, yellowish-brown mass with a granular texture, likely representing the cystic component of the tumor. The mass is centered in the field of view, with darker, more vascularized tissue visible at the periphery.

Transcortical Transventricular Endoscopic Approach and Ommaya Reservoir Placement for Cystic Craniopharyngioma

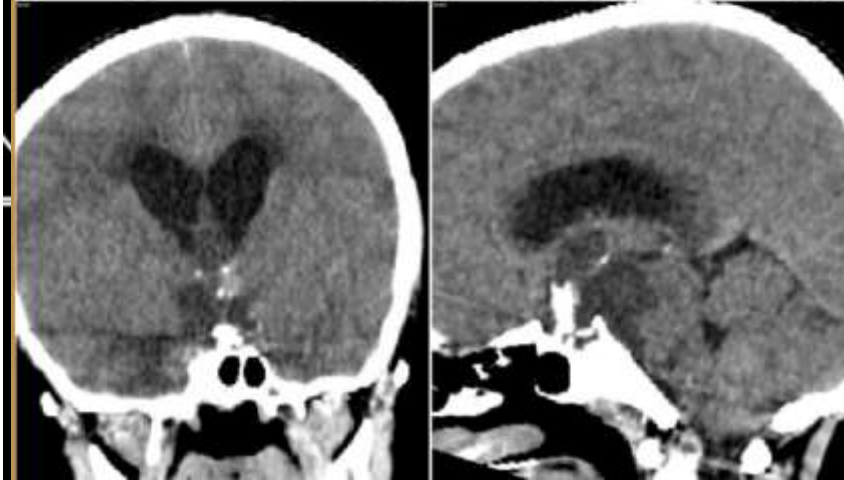
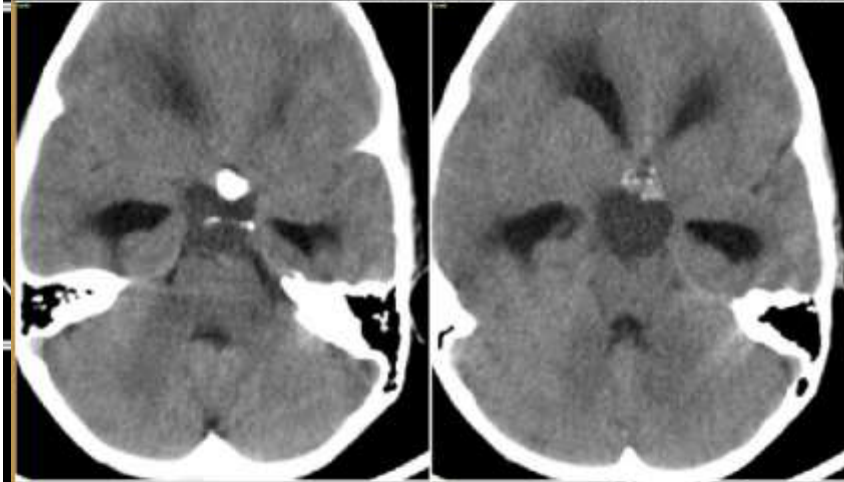
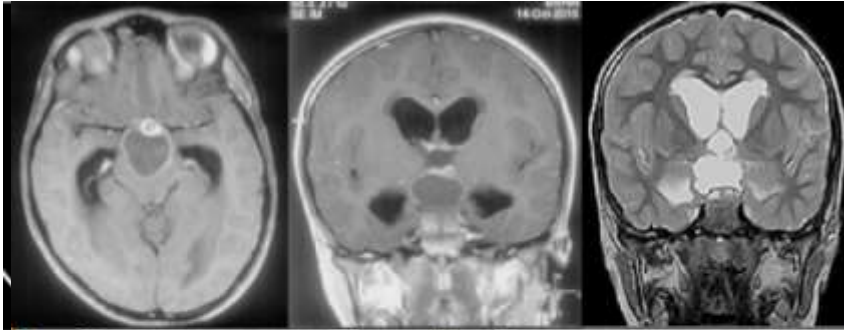
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Multiloculated Cyst Cystocisternostomy



Data

- 16 cases: 2 – 45 years age
- Presentation
 - Raised ICP due to hydrocephalus – 15
 - Diencephalic Syndrome – 1
 - Blindness - 4
- Purely or predominantly cystic tumors
- Post op RT – 5 [patients with solid residual tumors]
- F/u – > 12 months [8 patients]
 - One out of four blind patient improved to 6/24
 - VP Shunt -2
 - New cyst aspiration – 1
 - No adverse effect related to procedure

Limitations

- Large defect in cyst wall can predispose to leakage if intracystic therapies are employed
 - 16.3% children had misplacement or leakage of the catheter (not endoscopic)
- Can be difficult in case of multiloculated cystic
 - Possible to fenestrate multiple loculation, and convert all of them into a single cyst under neuronavigation
- Excision cannot be done
 - Not a goal of this procedure

Conclusion

Transcortical transventricular endoscopic approach and Ommaya reservoir placement for cystic craniopharyngioma is a minimally invasive, safe, accurate, and effective method for initial treatment of predominantly cystic craniopharyngioma

Shukla D. Transcortical Transventricular Endoscopic Approach and Ommaya Reservoir Placement for Cystic Craniopharyngioma.

Pediatric Neurosurgery 2014–15;50:291–294 . DOI: 10.1159/000433605

https://www.youtube.com/watch?v=DnBTEjO_RNs